2023 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement

Copy C for employee's recor	ds.			
d Control number	Dept.	Corp.	Employer	use only
026122 CLI2/QFK	00800		A	80

Employer's name, address, and ZIP code

COMPUNNEL **SOFTWARE** GROUP INC

103 MORGAN LANE STE 102 NJ 08536 **PLAINSBORO**

Batch #02546

e/f Employee's name, address, and ZIP code MOUNIKA NAGIREDDY

6255 FRISCO SQUARE BLVD, FRISCO TX 75034

b	Emplo	yer's FED ID numb	oer	а	Emplo	рує	e's SSA	numb	er
		58-2137105				X	XX-XX	-7944	
1	Wages	, tips, other comp	.	2	Feder	al	income	tax with	held
		94418.	10					13045	5.17
3	Social	security wages		4	Socia	l s	security	tax with	held
		96345.	00					5973	3.39
5	Medica	are wages and tips	3	6	Medic	are	e tax wit	thheld	
		96345.	00					1397	7.00
7	Social	security tips		8 Allocated tips					
9				10 Dependent care benefits					
11	Nongu	alified plans		12	a See in	str	uctions fo	r box 12	
		•	L		D			1926.	90
11	Other			121		<u> </u>			
	Other		L	120	С				
				120	-	<u>_</u>			
				13	Stat er	np.	Ret. plan	3rd party	sick pay
	State	Employer's state	ID no.	16	State	wa	ages, tip	s, etc.	
17	State i	ncome tax		18	Local	W	ages, tip	s, etc.	
19 Local income tax				20	Locali	ty	name		

Wages, tips, other comp. Federal income tax withheld 94418.10 Social security wages 96345.00 5973.39 Medicare wages and tips 96345.00 1397.00 Employer use only 026122 CLI2/QFK 000800 808

Employer's name, address, and ZIP code COMPUNNEL **SOFTWARE** GROUP INC 103 MORGAN

LANE STE 102 **PLAINSBORO** NJ 08536

b	Employer's FED ID number	a Employ	ee's SS	A number			
	58-2137105	XXX-XX-7944					
7	Social security tips	8 Allocated tips					
9		10 Depende	ent care	benefits			
11	Nonqualified plans	12a See in	struction	s for box 12			
		D		1926.90			
14	Other	12b					
		12c					
		12d					
		13 Stat emp	Ret. plan	3rd party sick pay			
			х				
e/f	Employee's name, address an	d ZIP code	,				

MOUNIKA NAGIREDDY 6255 FRISCO SQUARE BLVD, FRISCO TX 75034

	State	Employer's	state ID no.	16 State wages, tips, etc.
17	State	income tax		18 Local wages, tips, etc.
19	Local	income tax		20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	TX. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	96,345.00	96,345.00	96,345.00	
Less 401(k) (D-Box 12)	1,926.90	N/A	N/A	
Reported W-2 Wages	94,418.10	96,345.00	96,345.00	

2. Employee Name and Address.

MOUNIKA NAGIREDDY 6255 FRISCO SQUARE BLVD, FRISCO TX 75034

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1 Wages, tips, other comp. 94418.10	2 Federal income tax withheld 13045.17	1 Wages, tips, other comp. 94418.10	2 Federal income tax with 13045
3 Social security wages 96345.00	4 Social security tax withheld 5973.39	3 Social security wages 96345.00	4 Social security tax with 5973
5 Medicare wages and tips 96345.00	6 Medicare tax withheld 1397.00	5 Medicare wages and tips 96345.00	6 Medicare tax withheld 1397
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use
026122 CLI2/QFK 000800	A 808	026122 CLI2/QFK 000800	A
c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code
GROUP INC 103 MORGAN L	OFTWARE ANE STE 102 J 08536	GROUP INC 103 MORGAN L	OFTWARE ANE STE 102 IJ 08536
b Employer's FED ID number 58-2137105 7 Social security tips	a Employee's SSA number XXX-XX-7944 8 Allocated tips	b Employer's FED ID number 58-2137105 7 Social security tips	a Employee's SSA number XXX-XX-7944 8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a D 1926.90	11 Nonqualified plans	12a D 1926.
14 Other	12b	14 Other	12b
	12c		12c
	12d		12d
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party
e/f Employee's name, address ar	nd ZIP code	e/f Employee's name, address a	nd ZIP code
MOUNIKA NAGIREDDY	,	MOUNIKA NAGIREDDY	r
6255 FRISCO SQUARI	E BLVD,	6255 FRISCO SQUAR	E BLVD,
FRISCO TX 75034	·	FRISCO TX 75034	
15 State Employer's state ID no.	16 State wages, tips, etc.	15 State Employer's state ID no	. 16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
TX.State Re	ference Copy	TX.State Fil	ing Copy
W-2 Wage all Statemen	nd Tax ?^?	W-2 Wage a Statem	nd Tax 202

Copy 2 to be filed with employee's State Income Tax Return.

	,								
3	Social security wage 9634	es 45.00	4 Social security tax withheld 5973.39						
5	Medicare wages and 9634	d tips 45.00	6 Medicare tax withheld 1397.00						
d	Control number	Dept.		Corp.		Employ	/er	use only	
02	6122 CLI2/QFK	00800				A		808	
С	Employer's name, a	ddress, ar	ıd :	ZIP cod	de				
	COMPUNNEL SOFTWARE GROUP INC 103 MORGAN LANE STE 102 PLAINSBORO NJ 08536								
b	Employer's FED ID 58-213710		a Employee's SSA number XXX-XX-7944						
7	Social security tips		8 Allocated tips						
9			10	Depen	deı	nt care	ber	efits	
11	Nonqualified plans		12	a D		1	L92	26.90	
14	Other		12	b					
			12	С					
			12	d					
13 Stat emp. Ret. plan 3rd p					party sick pa				
e/f	Employee's name, a	ddress an	d 2	ZIP cod	le				
MOUNIKA NAGIREDDY 6255 FRISCO SQUARE BLVD, FRISCO TX 75034									

Copy 2 to be filed with employee's State Income Tax Return

2 Federal income tax withheld

13045.17